									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003), ·	10750338					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY			OTHER THAN		
T	OTAL CLAIM	S	30	30				RATE	F	EE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.		.00	OR	BAŞIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			30 minus 20=		. 0			X\$ 9=			ЭR	X\$18=		
INI	DEPENDENT (CLAIMS	8 minus:3 =		<u> </u>	5		X43=			DR	X86=	430	
ML	JLTIPLE DEPE	NDENT CLAIM	PRESENT					+145=	. -		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							• '	TOTAL	_		OR.	TOTAL	1200	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTI	ייי פייי)R	OTHER SMALL:		
V L	·	CLAIMS REMAINING AFTER AMENOMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	TION	IAL		RATE	ADDI- TIONAL FEE	
AMENDMEN	Total	· 34	Minus		0	e 4 .		X\$ 9=)R	X\$18=	200	
	Independent	. (0	Minus	744.	8	- 3		X43=	1	\cdot)R	X86=	400	
١	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=)A	+290=		
							I	TOTA			"" ()A	TOTAL	600	
(Column 1) (Column 2) (Column 3)								VODIT. FE	٠ــــ	-بال	<i>,</i>	ADDIT, FEE		
		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST IER USLY.	PRESENT. EXTRA		RATE	ADE TION FE	AL		RATE	ADDI- TIONAL FEE	
	Total	• 33	Minus	- 7 ²	/	a .		X\$ 9=	1		A	X\$18=		
	Independent	. 10	Minus ·	i. 1	5		 	X43=	1.		A	X86=		
1	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PLE DEPENDENT CLAIM			 		1	4°	"			
								+1'45=	1	_ _ °	R	+290=		
									<u> </u>	0	A,	TOTAL ADOIT, FEE		
.,.		(Column i)	•	(Colum	n 2}_	(Column 3)				•				
		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU	JSLY	PRESENT EXTRA		RATE.	TION	AL		RATE	ADDI- TIONAL	
1 - 1	otal	- CANCIADIASIA1	Minus	PAID F	<u>~~</u>	=	l	X\$ 9=	FEE		_	X\$18=	FEE	
1	ndependent	•	Minus	***			ŀ	<u> </u>	+	01	٦.			
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=	 	· OF	٩	X86=	<u> </u>	
								+145=		OF	1	+290=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OF	L A	TOTAL DOT. FEE		
Th	ne Tughest Num e "Highest Numi	nber Previously Paid ber Previously Paid	id For' IN THIS For' (Total or	S SPACE Is I Independent	ess than Ij is the I	i 3, enter "3." highest number	lóyni	i in the ap	propriate	box in c	colu	ma 1,		